

**APPENDIX 15
COPAYMENT SCHEDULE FOR PSYCHOTHERAPY
AND AODA SERVICES**

Psychotherapy/AODA Services

Outpatient psychotherapy/AODA services in excess of 15 hours or \$500.00 of accumulated services per recipient, per calendar year, are exempt from copayment. Services to hospital inpatients (place of service 1) are exempt from recipient copayment.

Individual/Family Psychotherapy	W8927-W8928, W8930	\$2.00 per 60 minutes
Evaluation	W8931-W8933	\$1.00 per 60 minutes
Evaluation - Limit Exceeded	W8987	\$2.00 per 60 minutes
Group AODA Therapy	W8976-W8979	\$.50 per 60 min./recipient
Group Medical Psychotherapy	W8934-W8936	\$.50 per 60 minutes/recipient
Individual/Family AODA Therapy	W8972-W8975	\$2.00 per 60 minutes/recipient
Chemotherapy Management - RN/MD (Medication Checks)	W8937-W8938	\$0.00